

## Turning Observation Tool (TOT)

Assigned ID code \_\_\_\_\_

### *Inclusion Criteria:*

- Aged 18 or over
- Braden scale score of 18 or less
- Score less than 3 on the “mobility” section of the Braden scale

### *Exclusion Criteria:*

- Patients who have orders to not be repositioned
- Patients who are on isolation & cannot be observed without entering room
- Pregnant women
- Prisoners

Please **completely fill in** the appropriate box on each of the following categories

**Age:**      18-29      50-59      80-89  
                 30-39      60-69      90-99  
                 40-49      70-79       >99

**Gender:**     M  
                   F

**Race:**     African-American  
               American-Indian  
               Asian-American  
               Caucasian  
               Other

**Type of nursing unit:**  Medical  
                                   Surgical  
                                   Med/Surg  
                                   Critical Care  
                                   Stepdown  
                                   Other \_\_\_\_\_

**Bed/Mattress information (may select more than one, if applicable)**—if you need help with defining the bed, see this website for definitions: <http://www.quia.com/files/quia/users/katekelly/Bed-Definitions-NPUAP>

- Standard
- Foam
- Air
- Fluid
- Pressure Redistribution (formerly known as pressure reduction/pressure relief)
- Lateral Rotation
- Percussion or Pulsation Therapy
- Other (please describe) \_\_\_\_\_

Turn Over to Complete the Form

(staple identifying sticker here at beginning and remove at end of study)

	Military Time	Position (Please <u>completely fill in</u> box of the appropriate category)				
		1-Left	2-Supine	3-Right	4-Prone	5-Other—explain
Initial	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 6	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 7	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 8	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 9	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 10	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 11	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hour 12	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments:

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If someone asks what you are doing, please answer with the following SCRIPT:

“We are looking at the patient care environment as part of a quality improvement study”

Please return completed form to Site PI